

NAVY ENVIRONMENTAL HEALTH BOARD MINUTES

MEETING PLACE: Navy Environmental Health Center, Norfolk, VA

MEETING TIME: 1-3 SEP 98

MEMBERS PRESENT: CDR R. RENDIN, MSC, USN
CDR R. WILLIAMS, MSC, USN
CDR D. NOVAK, MSC, USN
CDR(s) R. ROCKFORD, MSC, USN
LT F. CARDWELL, MSC, USN
LT C. HENRY, MSC, USN
LT S. JOHNSON, MSC, USN

GUESTS: CDR D. SCARBOROUGH, MSC, USN, MARFORLANT
CDR D. MCKAY, NC, USN, NEHC
LTJG M. BURKES, MSC, USN, NEPMU2
HMC J. SHUCK, USN, NEHC
MS. K. VARTAN, THE EDUCATION FOUNDATION, NRA
MR. P. MONAHAN, ARMY CHPPM

OLD BUSINESS

960203 EH SUPPORT FOR MARINE CORPS

DISCUSSION: The description was submitted for insertion into FM 4-50. We are still waiting to see if HQMC has made the changes. CDR Williams spoke with LCDR Jack Frost (BUMED, OOMSC, billet management) who didn't recall any billet descriptions for EHOs with the Marine Corps. Also, the FM 4-50 was replaced by a new document, weapons publication number 4-11.1, which is doctrine based. CDR Scarborough (HQ, MARFORLANT) relayed that techniques and details will be in another publication for which the POC is LT Miles. It will be sent to the field for comments and comments can be made on the web as well.

RECOMMENDATION: Check with LT Miles for insertion where appropriate.

ACTION: CDR Novak

960204 BILLET DESCRIPTIONS FOR MARINE CORPS SUPPORT

DISCUSSION: There was much discussion on what rank and what organizational level to pursue for the billets. An upgrade to an O-4 billet for the Wings (M+1 billets) was discussed. Also discussed was an upgrade for the FSSG billets to O-3. We would also like to see MEF level billets across the board. It is also important to get these billets funded by HQMC so the billet coordinator at BUMED doesn't delete them. The Medical Augmentation Personnel System (MAPS) policy is being revised and will be published by MED-02 when finished.

A point paper with the endorsement of Commanding Officer, NEHC was sent to Commanding General, Marine Corps Combat Development Command to recommend that junior EHO billets (O-2) be upgraded to O-4 billets. Preventive Medicine Officers with the Marine Corps are supportive. CDR Scarborough (HQ, MARFORLANT) relayed that he had seen the recommendation for the upgrade to O-4; but there is a SECNAV moratorium on O-4 billets and above right now. So it will be recommended that the billets be upgraded to O-3 and then have an O-4 detailed to the position (detailers are allowed to go one up or one down in rank to detail officers). He also relayed that there is no move to fund the current billets with the Marine Corps (MC).

RECOMMENDATION: Continue to follow, consolidate this item into #960203

ACTION: Closed and incorporated into **Item #960203**

960205 EHO CARREER PROGRESSION/AQDs

DISCUSSION: The board reviewed the list of billets to see if we had the required 15 billets to pursue new AQDs and found that approximately 25 billets would meet the criteria. We are interested in pursuing an operational AQD and a CHEM/BIO AQD at this time. It would be favorable for our community to have another specialty specific AQD.

It was suggested that help be requested from CAPT Stein and CDR Anderson. The benefit of an operational/fleet AQD was questioned since it is part of our job routinely. The CHEM/Bio AQD was considered worth pursuing and it may be of interest to other communities such as, Industrial Hygiene and Entomology as well. Also noted was the fact that EHOs can qualify for the proposed Health Promotion AQD.

RECOMMENDATION: Start the request for a new CHEM/BIO AQD

ACTION: CDR Rendin will talk with other specialty boards for interest; CDR Novak will contact BUMED for proper paperwork to submit the request for a new AQD, pick the EHO billets to be associated with the new AQD, and look at appropriate job descriptions.

960901 EHO PROGRAM AUTHORIZATION (Minimum Requirements)

DISCUSSION: As of May 1998, the program authorization for accessioning new EHOs has changed to require a Masters in Public Health or Environmental Health from an accredited university.

RECOMMENDATION: Close

ACTION: Closed

970503 EHO ORIENTATION

DISCUSSION: There was much discussion surrounding the lengthy process of obtaining a CANTRAC number for a pipeline course for new EHO accessions. CDR(s) Rockford relayed that it takes the PMT Schoolhouse approximately 18 months to develop a 6 month course going from Training Requirement Inventories (TRI) to Terminal Objectives (TO) to Enabling Objectives (EO) to Lesson Training Guides (LTG). It was also suggested that it might be possible for the new accessions to attend a short (2 week) EHO-specific course at the schoolhouse. Questions came up regarding the progress of work on a curriculum at the NEPMUs. Is this training unique to EHOs? Should the training be centralized to one place (NEPMU)? There was discussion of whether the training should be formal or informal in nature. Also noted was that the Operational Preventive Medicine Course is up in the air at this point.

RECOMMENDATION: The consensus of the board came to deferring a comprehensive training course for now and stressing the need for detailing to a mentoring process with other EHOs or Chiefs. The board would also like to know the status of work at the NEPMUs on a BUMED approvable curriculum.

ACTION: CDRs Rendin and Novak to bring up at the next OIC meeting to see what is happening with the curriculum.

970504 EHO INSERVICE PROCUREMENT

DISCUSSION: The need for an EHO inservice procurement program was discussed. It may not be needed. The Health Sciences Collegiate Program (HSCP) appears to be working. Of the 4 new accessions this year, all are in the HSCP and 2 of the 4 have prior military experience (one is a prior PMT and the other has experience in the Army). It was noted that it is not a function of this board to ensure there is an avenue for PMTs to become EHOs. However, it does seem that the availability opportunities do exist.

RECOMMENDATION: Inservice procurement programs are based on the needs of communities. There doesn't seem to be a need to have another avenue to acquire new EHOs. We are not having problems getting well-qualified candidates. The board recommends closing this item.

ACTION: Closed

970505 FUTURE MPH ALTERNATIVES

DISCUSSION: Competition will be tough to advance to LCDR without a Masters degree and our community has many that will need to pursue higher education. Only 2 per year will be selected for DUINS (includes MPH/MS and PHD billets). So the possibility of attending the USHS MPH program as an alternative to DUINS is desirable. It is still prudent to advise current EHOs to get their masters degree on their own where they are assigned if possible.

The consensus of the board was to let the EHOs apply and if accepted, let them go for the year to complete the program. The board would also like to know if the detailing shop would write one-year orders or not.

Also discussed were the 5 fellowship slots available this year announced by ADM Phillips. A one-page synopsis should be submitted detailing the benefit to the Navy and the individual via the specialty leader. This fellowship would require a follow on tour.

RECOMMENDATION: Check to see if one-year orders are feasible for USHS MPH or a fellowship.

ACTION: CDR Novak

970508 NAVY ENVIRONMENTAL HEALTH BOARD CHARTER/INSTRUCTION

DISCUSSION: A proposed charter was presented and minor changes were stated. Changing the name of the positions of Chairman to President and Secretary to Executive Secretary was discussed but the board decided to leave the position names intact. Changing the membership of the board was discussed. The board agreed that 2 members should be NEPMU representatives who will be recommended by the appropriate OIC and approved by CO, NEHC. Also, if the chairman of the board is selected from within the board itself, that person will be allowed to extend their term to complete a 2-year chairmanship. The need for a vice-chairman was recognized as well. Guiding Principles were selected and are indicated below.

The composition of the board will be as follows:

1. The Navy Environmental Health Board will be comprised of experienced officers from a variety of rank levels and duty assignments. It will consist of 10 members:
 - a. 6 members selected by present board
 - b. 4 standing members
 - (1) NEHC representative
 - (2) 2 NEPMU representatives
 - (3) specialty leader
2. The chairman will be selected by the present board members and may not be the specialty leader.
3. The 6 selected members will serve on the board for two years with the term beginning at the first meeting attended. No selected member will serve two consecutive terms.

MISSION: Provide advice and recommendations to the Navy Environmental Health Center (NEHC) on Environmental Health issues and policies. Ensure Navy and Marine Corps readiness by providing guidance and direction for sustaining the optimal effectiveness and professional development of Environmental Health Officers.

VISION:

1. We are dynamic, responsive, and innovative.
2. We are recognized world leaders in the science of Environmental Health.
3. We address and respond to Environmental Health issues impacting the Navy and Marine Corps.
4. We champion Environmental Health specialty development.
5. We empower the Environmental Health community.

GUIDING PRINCIPLES:

1. We will dedicate ourselves to maintaining the highest level of professional expertise through military and independent training in environmental health.
2. We prepare our people to be leaders in military medicine and are the public health specialty of choice for force health protection.
3. We will guide and mentor our community to excel both professionally and personally as environmental health professionals.
4. We will embrace and adapt to changes in our community and the world to advance the principles of environmental health.

RECOMMENDATION: Have final draft of charter available for next meeting.

ACTION: LT Cardwell

980301 NEW FOOD SAFETY LESSON TRAINING GUIDES (LTG)

DISCUSSION: The revised Chapter 1 of the NAVMED P-5010 requires a 4 hour employee course and an 18 hour supervisor course. There was much discussion around whether to mold the LTGs available at the NEPMUs to fit the two courses or use an existing commercial product. The Air Force and Army have gotten a site license and have centrally funded the National Restaurant Association (NRA) course for their use to accomplish some of this training. Supplemental Navy specific issues not in the NRA course would have to be addressed. NEPMU-2 is the lead for Navy Food Safety LTGs. MS Vartan from ServSafe requested and gave a presentation to the board detailing the available training material from her company.

LTJG Burkes from NEPMU 2 spoke with the board regarding their work on the two courses. Three of the eleven topics of the supervisor course are completed. Three of the five employee topics are nearly done, but not in the final yet. The U.S. Army Veterinarians developed one of the sections for inspection and storage, complete with scanned photos. The U.S. Navy Entomologists wrote the sections on pest control. All of the presentations will be provided on power point for ease of use. The supervisor course is scheduled to be completed near the end of September 1998. As each course is completed, it will be put out to all NEPMUs and EHOs for comment and then the final product will go to NEHC for approval and a course number.

RECOMMENDATION: The training issue is being worked at NEPMU 2 through the Navy system. The wording in the new Chapter 1 allows flexibility of choice by the local preventive medicine authority to provide training with either Navy prepared materials or a commercial product that meets the requirements in the new Chapter 1. The board recommended closing this item.

ACTION: Closed

980302 POMI DESIGNATOR FOR EHOs

DISCUSSION: EHOs provide many of the same functions to an exercise/command that a POMI does. It was felt that the HCA community is the only community being allowed to get the designator. CDR Williams talked to CAPT Wynkoop and the POMI designator is open to all communities and any individuals who meet the criteria. At least one EHO does carry this designation.

RECOMMENDATION: Close the item.

ACTION: Closed.

980303 NAVY ENVIRONMENTAL HEALTH COMMUNITY RESUME

DISCUSSION: A community resume similar to the Entomology Community Resume could be a very useful tool for the specialty leader as an established document, like having a data base of community accomplishments.

RECOMMENDATION: The board endorses this endeavor and recommends that the specialty leader manage it and put on the specialty leader/NEHC homepage.

ACTION: Closed

980304 CREDENTIALING CRITERIA APPROVAL

DISCUSSION: It is not likely that treatment facilities will credential non-direct patient care providers, especially when held to JCAHO and IG standards. A motion was made to drop this item from the agenda. The motion was seconded.

ACTION: Closed

980305 DISTRIBUTION OF EHO RECRUITING SLIDE SHOW

DISCUSSION: The board wished to have the slide show provided on the OOMSC homepage in the toolbox area and on the specialty leader/NEHC homepage for use as needed. Also provide to the medical recruiters as a good tool to have if needed.

ACTION: LT Cardwell

980306 RETENTION OF JUNIOR EHOs

DISCUSSION: The board was not sure this is a problem. Only two junior EHOs have left recently; one to pursue becoming a Navy physician and the other to pursue a career in the Public Health Service. Neither of these reasons can be related to Environmental Health community problems.

RECOMMENDATION: Close the item.

ACTION: Closed

980307 REVIEW OF EHO BILLETS

DISCUSSION: It was brought up that a complete review of EHO billets and their appropriateness as far as placement, rank, need, etc. has not been done recently. CAPT Beddard did the last review in 1995. The board feels it should be accomplished since some recent billet changes have occurred.

RECOMMENDATION: Review and action is needed, especially on the FSSG billets.

ACTION: CDR Rendin and CDR Novak will work out a plan of action.

980308 THERESA A. BONHAM MEMORIAL SCHOLARSHIP

DISCUSSION: This is not an Environmental Health or Environmental Health Officer issue. We should not be pursuing this because of legal reasons regarding the endorsement of charitable organizations.

RECOMMENDATION: Drop this item from future discussion.

ACTION: Closed

970507 ZERO BASED REVIEW OF CHAPTER 22 OF THE MANMED

DISCUSSION: The board questioned the reason to have this chapter and whether it is worth the time to revise, especially since it seems to be unused for many years now. The only reason that anyone could think of to retain it, is as a cross-reference for those on independent duty to outline preventive medicine and occupational health responsibilities.

RECOMMENDATION: Check with some ships and enlisted sailors to query how/if the chapter is used.

ACTION: CDR Rendin to check via the Internet with HMC Brown and some ships to get this information.

NEW BUSINESS

980901 AMAL REQUIREMENTS FOR PREVENTIVE MEDICINE DEPLOYMENTS

DISCUSSION: Marine Corps (MC) blocks of equipment for deployment are too large and can not be broken up. It is the whole block or none of the block if a deployment is necessary. The consensus of the board was that we should look at what should be in the Environmental Health component and we should look at sizing. It may be possible to have a modular type system where users may pick what they need depending on the nature of the exercise/deployment. The NEPMUs have been looking at the Fleet Hospital blocks in the same manner. CDR Scarborough, from Headquarters, Marine Forces Atlantic spoke to our board regarding this issue. The AMAL review happens at a specific time each year and he recommended that someone from the NEHB be on that board. He stated he would be sure to invite us to participate when that board meets.

RECOMMENDATION: Send a representative from the NEHB to the review board for Marine Corps (MC) AMALs. Also, contact the component manager to request our input for the EPMU core preventive medicine units.

ACTION: CDR Novak to contact the component manager and LT McKenzie to represent us on the MC AMAL review board when it meets.

980902 RESEARCH CONCEPTS/FUNDAMENTAL CHANGES FOR THE FUTURE OF EH

DISCUSSION: Creative thinking is necessary to ensure we get the tools needed to make our job better. There is currently much research going on in our area of expertise. CHEMBIO strips were developed at NAMRI to quickly detect various CBR agents. Rapid detection of bacteria in food with dipsticks is also being studied. The Army is doing a lot of research in the area (especially dealing with Anthrax detection). Some good ideas came up for possible research items. Our field food safety inspectors could use a detector that shows Staph or E-Coli. We could

exposure treatments or other uses was also discussed. The use of computer technology in our field could also be utilized more, i.e. for transmitting inspection scores to a central location for tracking trends or even recording the inspection on a computer as it is performed.

RECOMMENDATION: submission to NAMRI for research and development. All board members and the whole community should bring ideas to the board as they come up and utilize the Environmental Health Request for Action Paper (EH RAP) format to submit.

ACTION: CDR Williams to find out what research is already being done in the area of food detection.

980903 FIELD WATER TESTING

DISCUSSION: Inspection sheets developed by the Army are about to be added in P-5010, Chapter 9, Appendix D for our use to test and inspect field water supplies. These form lists contamination parameters that current field testing technology cannot accomplish. Mailing water samples to a fixed lab is necessary to meet all the requirements on this form. The logistics (many bottles with specific chemicals, storage and transport time requirements, and return results turnover time) and expense are a consideration. Pat Monohan from CHPPM came to talk to the Board regarding current test kit availability. He concurred with our finding that field test kits are not available to test for all the parameters on the inspection form. Work is ongoing to develop them but completion is many years out. He also pointed out that the standards on the form are based on acute standards from a study done by Lawrence Livermore Laboratories and do not indicate long term effects. There are several Army laboratories (Landstuhl, Atlanta, Aberdeen, Edgewood, etc.) that will perform the full battery of testing (cost approximately \$3000.00). These laboratories can have results completed in 48 hours but they would still have to be disseminated to the appropriate chain of command. Water for troops would need to be available before the results would be known. The ROWPU units are the first line of defense and fall back for this lag time. The operators of the ROWPUs have requirements to test certain water quality parameters and a test kit exists to perform them.

RECOMMENDATION: The forward-deployed NEPMUs should plan for Water testing/kits; they need to be able to ensure adequate water is provided for fighting forces. The Joint Water Resources Management (JWRMAG) board meets in December 1998 and the board should see that we are represented at that meeting.

ACTION: CDR Novak to take the water testing/kit issues to meetings for the forward deployed NEPMUs and CDR Renden to arrange representation at the JWRMAG meeting.

980904 SURVEY OF BOARD MEMBERS TO IMPROVE NEHB

DISCUSSION: The consensus of the board was that comments could be made in private to the chairman or in the meetings. No one felt that they had any issues that weren't being brought out.

RECOMMENDATION: No survey is needed.

ACTION: Closed

980905 MENTORING

DISCUSSION: Much discussion by the board with the main thread was that mentoring is a must. We would like to keep it informal and based on volunteers. Senior EHOs would be queried for volunteers and then assigned to new accessions to provide technical/professional guidance. The board brainstormed and provided guidelines for the mentoring process as follows:

- ◆ The mentor should make initial contact as soon as possible (at their home, OIS, first duty station, etc.)
- ◆ The frequency of contact should be roughly every quarter for the first 24 months
- ◆ The mentor should be a resource not a burden
- ◆ The mentor should provide professional/career information such as, professional development homepages on the aware of training opportunities, ensure they get a NEHC CD ROM, NEHC Workshop details, the minutes of this board, etc.
- ◆ The mentor should encourage participation in the MSC community and other officer communities
- ◆
- ◆ Anyone can ask for a mentor (would like to have a list ready)
- ◆

RECOMMENDATION: Put a note on the Specialty Leader Homepage and the EHO Forum to let everyone know it is starting and ask who would like to participate. Assign mentors to new EHOs.

ACTION: CDR Novak

980906 EHO TOOL BOX/READINESS KIT

DISCUSSION: This would be a great tool to design for new EHOs and to have available for all EHOs. The following is a list of suggested items to include (NOT all-inclusive):

- ◆ NEHC CDROM
- ◆ AFMIC MEDIC CDROM
- ◆ WEBSITES/INTERNET LINKS:

NEHC
CDC
Marine Corps Doctrine
BUMED
NAVY LINKS

NEHA
CHPPM
SUPSHIP
NAVFAC
BUPERS

- ◆ Correspondence Manual
- ◆ Control of Communicable Diseases Manual
- ◆ Malaria Pocket Guide
- ◆ Preventive Medicine Officer Community List
- ◆ Naval Medical Surveillance Report
- ◆ Career Progression Guide
- ◆ MCWP 4-11.1 (replacement for Health Services Support Operations, 4-50)

ACTION: LT Cardwell to see about putting the list on the MSC Homepage in the toolbox area

980907 ENVIRONMENTAL HEALTH REQUEST FOR ACTION PAPERS (EH RAP)

DISCUSSION: The board decided to utilize a request for action format for submission of items to the board for consideration. No issue will be discussed unless this format is submitted. Its use will be included in our governing instruction.

RECOMMENDATION: Promote wide dissemination of this format; place on the NEHC homepage

ACTION: LT Cardwell to place on the NEHC homepage. Item closed

980908 PLAN TO EDUCATE THE COMMUNITY ON NEW CHAPTER 1 CHANGE

DISCUSSION: The NEPMUs automatically have this mission. MTFs, Food Management Teams, EHOs, and PMTs also share in this responsibility. We need to push HACCAP principles to ourselves as a community. The new Chapter 1 draft is waiting to be signed and EHOs can spread the word to the facilities affected to break the ice ahead of time and present a positive message about the new changes. :LT Cardwell provided a PowerPoint presentation that outlines changes that can be used locally by EHOs for educating the facility managers.

RECOMMENDATION: NEHC should take the lead to provide a class locally for cognizant Environmental Health professionals; (i.e. a “train the trainer” class).

ACTION: CDR Rendin to set up the local class.

980909 IDENTIFY EHO USN/USMC MANNING INNOVATION SUCCESSES FOR MSC GOAL #2

DISCUSSION: The board discussed the issue and decided that no action was necessary.

ACTION: Closed

980910 DEPLOYMENT SURVEILLANCE INITIATIVES AND THE EHO COMMUNITY

DISCUSSION: If the board is going to discuss this issue an EH RAP should be submitted.

RECOMMENDATION: Close until an EH RAP is submitted.

ACTION: Closed

980911 NAVMED P 5010, CHAPTER 5 USEFULNESS

DISCUSSION: It was brought up that NAVMED P 5010, Chapter 5 is outdated and superceded by other instructions, namely OPNAV 5090.1 series, Chapter 8 (Environmental and Natural Resources Program Manual). The board wasn't sure it was being used or even needed.

RECOMMENDATION: Place a note on the EH Forum to ask the community about its usefulness and see who is using it.

ACTION: LT Cardwell

980912 ROLE OF EHOS IN CLINICAL PM PROGRAMS AND HEALTH PROMOTION

DISCUSSION: CDR McKay, Deputy Director of Health Promotions, NEHC came to talk to the Board. The Board asked her about the roles of Health Promotion coordinators. She stated that most are nurses currently. There may be a designator (AQD) on the horizon that would be available to any officer in any corps with the proper qualifications. There is no enlisted qualifier yet but there may be an NEC in the future. She emphasized the need to have teamwork between Preventive Medicine and Health Promotion.

RECOMMENDATION: The Board would like more information. The possibility of approaching CDR Rhodes to prepare an EH RAP was discussed. Also would like to ask CDR Moore about the future role of EHOs and PMTs in Health Promotion.

ACTION: CDR Rendin

980913 DIRECTOR'S FELLOWSHIPS

DISCUSSION: RADM Phillips relayed information to be disseminated to the MSC community about available fellowships for FY 99. There are five billet that were brought onboard to target training for the following:

State-of-the-art trends and technology

Unique requirements

Just in time training

These fellowships are intended to provide an educational opportunity for officers that benefit the Navy as well as the officer, and must have an appropriate follow-on tour. These opportunities are distinct from DUINS internships and

requested from the MSC community.

RECOMMENDATION: Get ideas from other board members. Submit as necessary.

ACTION: CDR Rendin

ADMINISTRATIVE REMARKS

1. It was noted that CDR Novak will fill the new Specialty Leader board member position and the new NEHC representative will be LT Cardwell.
2. The Board reviewed applications for replacing departing members. The following EHOs will be recommended to CO, NEHC as new NEHB members: LCDR Scott Reese, AFMIC; LCDR (Sel) Sharon Wright, NEPMU2; and LTJG James Enriques, NEPMU5.
3. If there is no NEHC conference this year due to fiscal constraints, the Commanding Officer of the EHO of the Year winner will present the award.
4. Certificates for retiring EHOs will start for this meeting forward; everyone retiring after and including CDR Robinson will get the certificate. CDR Novak will keep in contact with LT Henry as intent for retirements are conveyed to her.
5. The board would like to request that CDR(s) Henderson provide any historical type information he has saved over the course of years about the EHO community/NEHB.
6. The possibility of an officer exchange program between the United States and the United Kingdom was requested from a visiting British officer. Neither service is able to fund the program at this time.
7. HMC Shuck of NEHC gave a very informative presentation to the board regarding new/future immunization policies. The main items discussed were Anthrax immunization tracking with SAMS, computerized SF 601s, CHCS innovations, the new Rotavirus (children) and Lyme (adult) vaccines, and the recommendation for 5 microgram doses of Hepatitis B immunizations for ages 6 months and older (i.e. no 19 year old cut off any longer for the lower dose).
8. The selection of Vice Chairman and Secretary was postponed until next meeting.

NEXT MEETING: The board recommends the next meeting be held at NEHC, Norfolk, VA on **9-11 Mar 98** if there is no NEHC conference this year and on **11-12 Mar 98** if there is a NEHC conference.